Form B

## **Charitable Health Care Provider Program**

## An Agreement between KANSAS DEPARTMENT OF HEALTH AND ENVIRONMENT Office of Local and Rural Health and

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Now on this		_day of	, 200	, this agreement is entered into between the	
Kansas Depart	mei	nt of Health and Environment	(KDHE) and _		
hereinafter refe	rred	to as <b>the IHCC</b> . In considera	ation of the prom	nises contained herein the parties agree as follows:	
		ecognize <b>the IHCC</b> as an Inc ter 29 of the 1993 Session La		are Clinic as defined in K.S.A. 75-6102 (h) as	
The IHCC ag	rees	to:			
	a.	provide outpatient health care services on a not for profit basis to medically indigent persons and persons who are covered by Medicaid, HealthWave or any medical assistance program operated by the Department of Social and Rehabilitation Services (SRS).			
	b.	provide copies of employment agreements or contracts entered into with health care providers who are remunerated by the IHCC,			
	c.	provide reports on the numbers of persons seen through the Charitable Health Care Provider Program as specified in agency regulation.			
The IHCC Nam	e _				
Address					
Phone Number_		F.	AX:		
E-Mail:					
Contact Person_					
		Name		Title	
The IHCC Signature			Dat	ate	
KDHE Signature			Da	ate	